

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008409

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1664

FILED FEB 16 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

DOA

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Homer G. Phillips

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN

St. Louis

d. STREET  
ADDRESS

4340 Kennerly

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
Mary

Middle

Last  
Mc Curdy4. DATE  
OF  
DEATH

Month

Feb

Day

4

Year

1962

## 5. SEX

Female

## 6. COLOR OR RACE

Negro

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

6-1-1917

## 9. AGE (last birthday)

44

## IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laundress

## 10b. KIND OF BUSINESS OR INDUSTRY

Private Family

## 11. BIRTHPLACE (City and state or country)

? Ala.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

? White

## 13b. MOTHER'S MAIDEN NAME

Esther

## 14. NAME OF HUSBAND OR WIFE

Willie Mc Curdy

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

## 16. SOCIAL SECURITY NO.

7

## 17. INFORMANT

Address

Willie Mc Curdy 4340 Kennerly

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebro Vascular Accident

## DUE TO (b)

Malignant Hypertension

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (c)

445X

## INTERVAL BETWEEN ONSET AND DEATH

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from 1959

to Feb 3, 1962

and last saw her alive on Feb 3, 1962

Death occurred at 6024 S - 4 - 62 on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

X.A. Hill M.D.

## 22b. ADDRESS

1417 Franklin Ave.

## 22c. DATE SIGNED

2-8-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

10 Feb 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County, Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

221 North Grand Bl.

## 25. DATE RECD. BY LOCAL REG.

FEB 9 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Michael Blackman*

Licensed Embalmer No.

*3462*

P. O. Address

*1221 N. Grand Ave.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.